

RISPERDAL CONSTA (risperidone microspheres)

Patient name: _____ Medicaid or SS# _____

Physician Name: _____ Contact person: _____

Phone#: _____ Ext and options _____ Fax# _____

Pharmacy _____ Pharmacy Phone#: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF
MEDICAL NECESSITY**

INFORMATION:

Risperdal Consta is open for the same ICD-9 codes as the oral formulations of Risperdal

CRITERIA:

- ▶ Minimum age is 18 years old
- ▶ **DOCUMENTATION** of patient diagnosis
- ▶ **DOCUMENTATION** that patient is unresponsive to conventional treatment.
- ▶ **DOCUMENTATION** that patient is non-compliant with previous treatment modalities.
- ▶ Drug must be administered in a clinic or physician office, **NOT** approved for nursing homes or group homes.
- ▶ The initial prior approval must be obtained by a prescriber associated with a capitated mental health plan.
- ▶ Approved only for one injection at 2 week intervals.

AUTHORIZATION:

1 year

RE-AUTHORIZATION:

Telephone request from physician's office or pharmacy.

